



**Department of
Veterans Affairs**

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Fact Sheet

CARES VA Plans for the Future Health Care Needs of Veterans

The Department of Veterans Affairs (VA) has taken a major step in its continuing effort to transform its health care system to meet the future needs of veterans. Over the last 10 years, VA has changed the way it delivers health care, shifting from a hospital-based system to an integrated system focusing on:

- prevention,
- early detection of disease,
- the promotion of better health care and
- easier access to care.

Following on these efforts, in October 2000, VA initiated a new planning process called CARES – Capital Asset Realignment for Enhanced Services. Through CARES, VA is evaluating the health care services it provides, identifying the best ways to meet veterans' future health care needs, and realigning its medical facilities and services to meet those needs more effectively and more efficiently.

Why Was CARES Initiated?

CARES was initiated for several reasons. VA's health care system was designed and built decades ago when inpatient care was the primary focus, with long admissions for diagnosis and treatment. Changes in geographic concentrations of veterans and new methods of medical treatment also meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible to some veterans.

Like other health care providers, VA began to redesign a system to treat more veterans in community-based clinics closer to where they live. The majority of medical care is provided in outpatient clinics. Currently, VA operates more than 800 ambulatory care and community-based outpatient clinics.

A General Accounting Office (GAO) report also found that VA spends one of every four dollars on maintaining and operating unneeded, outdated medical buildings. GAO recommended, and VA agreed, that these funds could be better spent on treating more veterans in more locations.

In addition, VA needed a process to address the projected changes not only in the veteran population but also in their medical needs and determine the best way to meet those needs.

How Do Veterans Benefit?

Once the CARES process is completed, VA will be able to provide accessible care to more veterans in the most convenient and appropriate setting. Any savings that result from the CARES process will be put back into the community to provide higher quality care and more services to more veterans. Outpatient and inpatient care will be enhanced, as well as special disability programs and long-term care. Changes will affect *only* the way VA delivers care – health care services will *not* be reduced. Changes recommended through the CARES process will not be immediate but will be carried out over a period of years.

VA will measure the progress of CARES through increased access to VA health care; the reduction in vacant, underused or excess space, and the success in matching health care services to veterans' locations and needs.

How Does the CARES Process Work?

VA's medical system is divided into 21 Veterans Integrated Service Networks (VISNs). VA first conducted a pilot CARES study of one regional health care network, VISN 12, which covers the Chicago area, Wisconsin and the Upper Peninsula of Michigan.

VA contracted with a national consulting firm, Booz-Allen & Hamilton (BAH), in November 2000. BAH collected and analyzed a variety of information on VISN 12, such as the projected number of veterans, the current location of VA medical facilities, their sizes and the types of services offered. The contractor also assessed VA's ability to support its other missions, such as VA's contingency role as medical backup to Defense Department in the event of war and as a federal support organization during national and local disasters. BAH evaluated this information against criteria designed to ensure a system that best serves veterans today and in the future.

Nine options for delivering health care to veterans in VISN 12 were announced in June 2001. Following an extensive evaluation, three preliminary preferred options were selected, one for each market in VISN 12. VA then initiated a 60-day public comment period, seeking comments from veterans, veterans' service organizations, VA employees, Congress and other interested parties. These comments were reviewed, tabulated and evaluated by staff and discussed by the National CARES Steering Committee. The Steering Committee made a final recommendation to the Under Secretary for Health. The Under Secretary for Health then made his recommendation on the options to the Secretary of Veterans Affairs, who made the final decision, which was announced in February 2002.

A reassessment of the pilot study process was conducted. Subsequent CARES studies will be conducted throughout the VA health care system. This process is expected to be completed in two years.

For More Information

Information on CARES is available on the CARES Web site:

<http://www.va.gov/CARES>.

For information on VA health benefits, call 1-877-222-8387. For information on VA benefits in general, call 1-800-827-1000. Benefits' information also is available on VA's Web site: <http://www.va.gov>.